

Name In Full

Certificate of Death

Florentinus Elizabeth Adams

Died at ^{Town} Emmitsburg ^{County} Frederick MARYLANDDate 1903 July 1st Age 17-9-21 Native of Md Occupation Seamstress

Male	White	Married	Widow	Divorced
Female	Colored	Single	Widower	Number of children living

Husband of

Wife

Father's Name John Francis Adams

Mother's Maiden Name Annie Mary Toffen

Cause of	Primary	Gastritis	104	How long sick	4 days
	Death	Immediate		Accident, Suicide, Homicide	

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Earl Albough

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town <i>Liberty</i>		County <i>Fredrick</i>	
Date of death 1903	Month <i>July</i>	Day <i>4</i>	Age Years	Months <i>9</i>	Days <i>16</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Fredrick Co</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Charles T. Albough</i>			Father's Birthplace <i>Fred. Co</i>		
Mother's Maiden Name <i>Emma Lee Stottlemire</i>			Mother's Birthplace <i>Fred. Co</i>		
Name of person giving Information <i>Father</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pericardial Meningitis</i>	How long <i>10 days</i>
Immediate <i>Coma</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Thomas Sims</i>
	Address <i>Liberty Town, Md.</i>
Accident or Suicide?	



Name
in
Full

Charles Bear

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Near wolfsville</i>		^{County} <i>Frederick</i>		MARYLAND	
Date of death 190 <i>3</i>	^{Month} <i>July</i>	^{Day} <i>26</i>	^{Years} <i>2</i>	^{Months} <i>5</i>	^{Days} <i>21</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Near wolfsville</i>			
Married, Single or Widowed <i>Infant</i>	Occupation <i>Infant</i>				
Name of Wife or Husband					
Father's Name <i>David Bear</i>			Father's Birthplace <i>Near Wolfsville</i>		
Mother's Maiden Name <i>Ola Palmer</i>			Mother's Birthplace <i>Near Wolfsville</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Entero-Colitis</i>	<i>106</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	How long <i>About 1 wk.</i>
Signature of Physician <i>A. J. Smith</i>	Address <i>Wolfsville Md.</i>
Accident or Suicide?	

MYXO 10 424 0003

10/10/70

452

10/10/70
20 00 000000

10/10/70
10/10/70
10/10/70

10/10/70

10/10/70
10/10/70



Sarah McMill Belt.

MARYLAND

Died at *Thurlock* ^{Town}*Frederick* ^{County}Date 1903 *7* ^{Month} *1* ^{Day}Age *86*

Y. M. D.

Native of *Md.*

Occupation

☒ Male☐ White☐ Married☐ Widow☒ Divorced☐ Female☐ Colored☒ Single☐ WidowerNumber of children living *9*

Husband of

Wife

Father's *Patrick McMill*

Mother's

Name

Maiden Name

*May Maria Hook*Cause of ☐ Primary*Semility*

How long sick

*5 days*Death ☐ Immediate*Bronchitis**1st*~~Accident, Suicide, Homicide~~

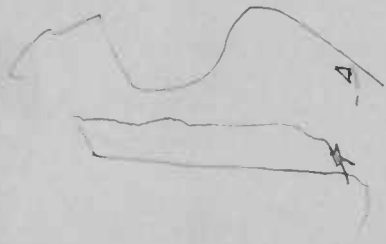
Reported by

C. H. Conley

Address

Adamstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Helen Virginia Best

Town

County

Died at

Frederick

MARYLAND

Date 1908

Month

Day

Y.

M.

D.

Native of

Occupation

July 25

Age

84

Brooklyn

+

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Oliver Best

Cause of

Primary

Gastro-enteritis

How long sick

4 days

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

S. S. Maynard M.D.

Address

17 Second St W.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Arthur Franklein Best

Town

County

Died at

Frederick

Frederick

MARYLAND

Date 19

3

Month

Day

7-18

Y.

M.

D.

Age

8-17

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Olevin Best

Mother's

Maiden Name

Annetta Burch

Cause of

Primary

Gastritis

Death

Immediate

Choking

How long sick

3 weeks

Accident, Suicide, Homicide

Reported by

D. S. S. Maynard

Address

17 Fremont St W.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Samuel Uriah Betts

Town

County

Died at

Pleasant Walk

Frederick

MARYLAND

Date 19

03

Month

Day

July 20

Age

Y.

M.

D.

0 2-18

Native of

Ind

Occupation

X

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living

X

Husband

of

Wife

Father's

Name

Samuel L. Betts

Mother's

Maiden Name

Nettie M. Betts

Cause of

Primary

Death

Immediate

Cholera Infantum

105

How long sick

7 days

~~Accident, Suicide, Homicide~~

Reported by

Ralph Browning

Address

Myersville

Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Hurry Bowre

22

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Monrovia</i>		Town <i>Monrovia</i>		County <i>Fredrick</i>		MARYLAND	
Date of death 190 <i>3</i>		Month <i>7</i>		Day <i>4</i>		Age about <i>95</i>	
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>Fredk. Co. Md.</i>			
Married, Single or Widowed <i>Widower</i>		Occupation <i>Laborer</i>					
Name of Wife or Husband <i>Don't Know</i>							
Father's Name <i>Don't Know</i>		Father's Birthplace <i>Don't Know</i>					
Mother's Maiden Name <i>Don't Know</i>		Mother's Birthplace <i>Don't Know</i>					
Name of person giving information <i>Charles Bowre</i>		How related to deceased <i>a Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Rheumatism</i>	How long <i>10 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Howard N. Hopkins Jr.</i>
	Address <i>New Market, Md.</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Elias Brooks.

CERTIFICATE OF DEATH

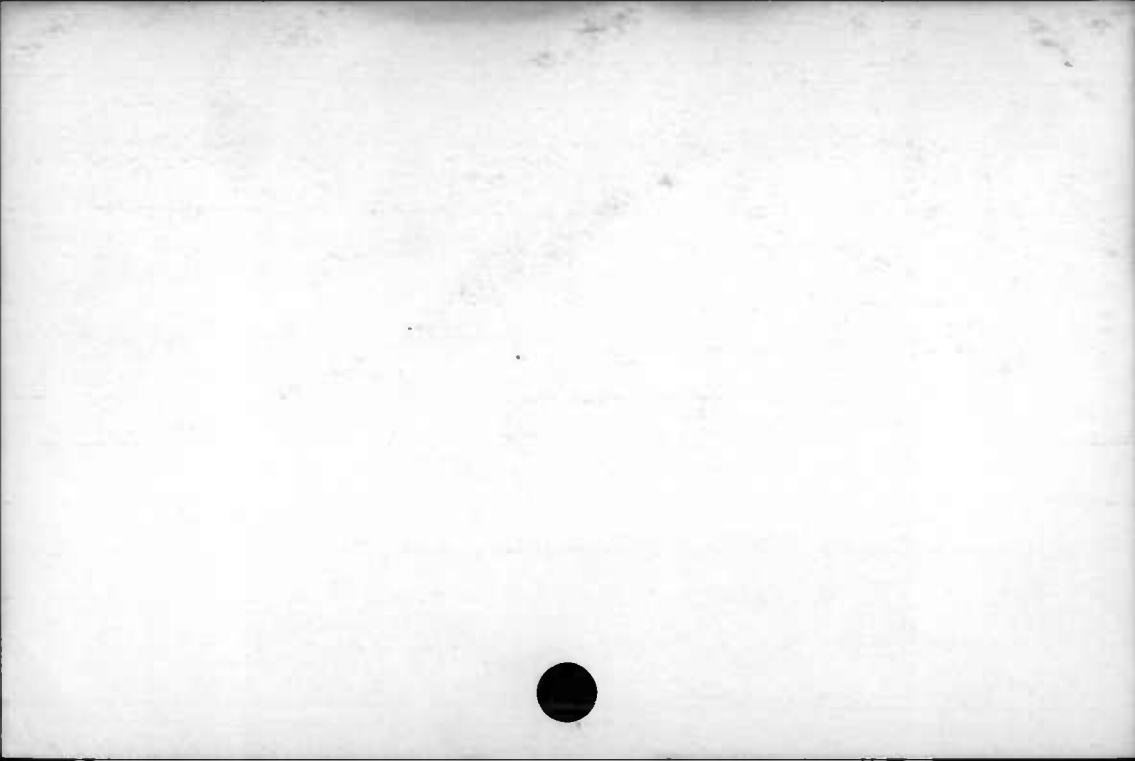
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Liberty</i>		County <i>Fred Co</i>		MARYLAND	
Date of death 1903	Month <i>July</i>	Day <i>27</i>	Age <i>74</i>	Years <i>about</i>	Months <i>about</i>	Days <i>about</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Fred County</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Leather</i>					
Name of Wife or Husband <i>Jane Taylor</i>							
Father's Name <i>Henson Brooks</i>				Father's Birthplace <i>Fred Co</i>			
Mother's Maiden Name <i>Hannie Grazier</i>				Mother's Birthplace <i>Fred Co.</i>			
Name of person giving information <i>Wife</i>				How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralytic</i>	How long <i>one month</i>
Immediate <i>coma</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Thomas</i>
<i>as far as known</i>	Address <i>Liberty town Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

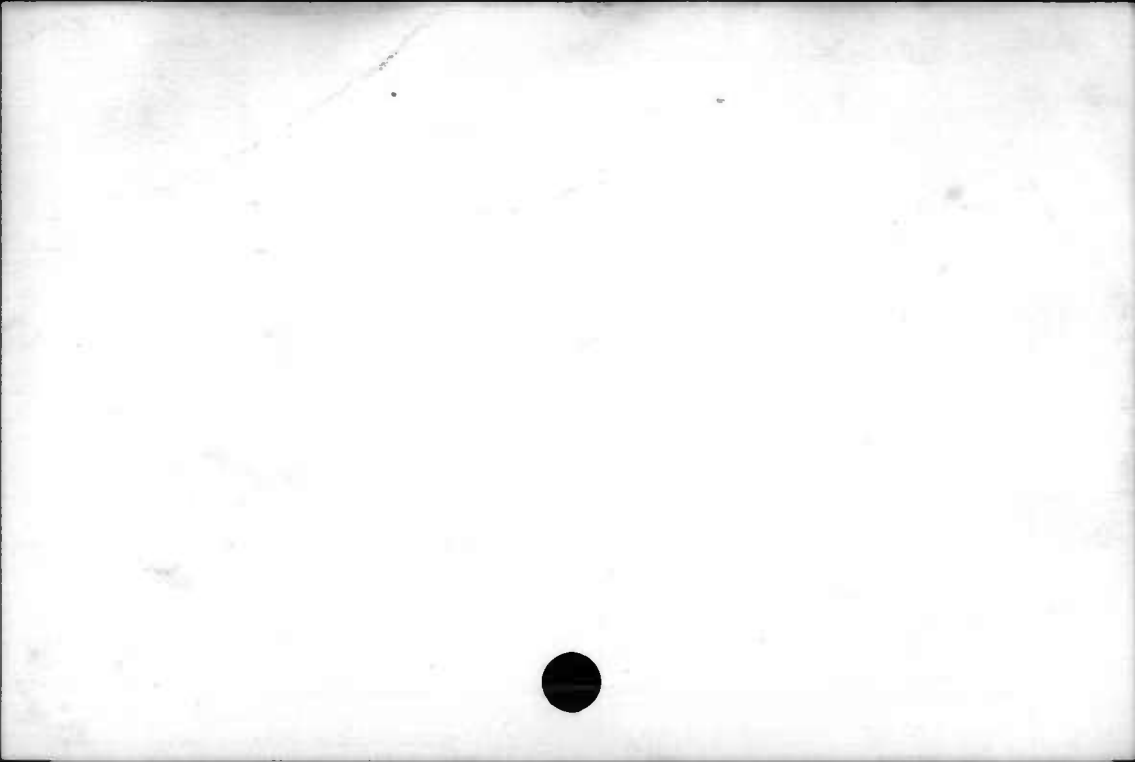
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Years	Months	Days	
of death 190		3	7	17	Age 21	4	23
Sex	Female	Color or Race	Colored		Birth-place	Petersville	
Married, Single or Widowed	Single			Occupation	Teacher		
Name of Wife or Husband							
Father's Name	William A Brooks				Father's Birthplace		
Mother's Maiden Name	Eugenie Holland				Mother's Birthplace		
Name of person giving information	W. A. Brooks				How related to deceased	Father	

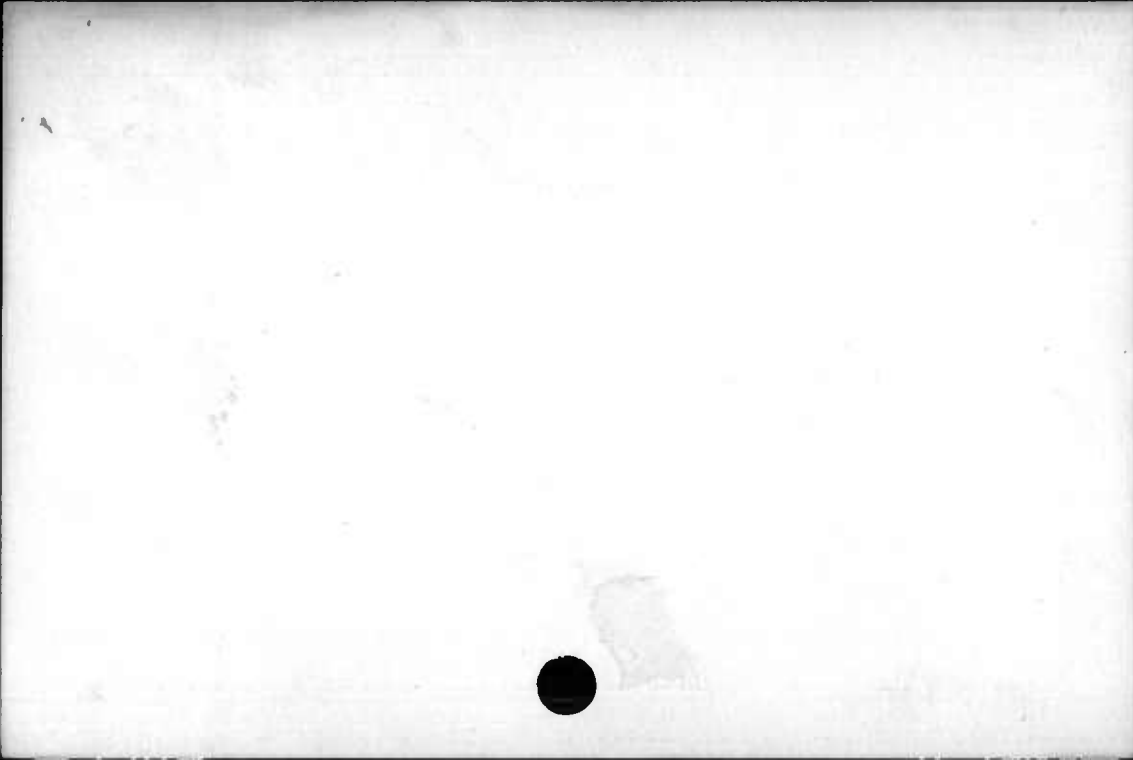
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis		How long	18 mos.
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Jes. Hunter	
		Address	Petersville Md.	
Accident or Suicide?				



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>
	Date of death 190 <i>3</i>		Month <i>July</i>	Day <i>25</i>	Age <i>1</i>
	Sex <i>Female</i>		Color or Race <i>Colored</i>	Birth-place <i>Frederick</i>	Months <i>8</i>
	Married, Single or Widowed <i>Single</i>		Occupation <i></i>		
	Name of Wife or Husband <i></i>				
	Father's Name <i>Nesley Brown</i>			Father's Birthplace <i>Frederick</i>	
	Mother's Maiden Name <i>Clara Brown</i>			Mother's Birthplace <i>Frederick</i>	
PHYSICIAN OR CORONER	Name of person giving information <i>Clara Brown</i>			How related to deceased <i>mother</i>	
	CAUSES OF DEATH				
	Primary <i>Pneumonia</i>			How long <i>3 weeks</i>	
	Immediate <i>Exhaustion</i>			How long <i>43</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>			Signature of Physician <i>Dr. W. G. Brown</i>	
			Address <i>Frederick, Md.</i>		
Accident or Suicide? <i></i>					



Henrietta Brown

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Age

23

Md

H-Work

Female

Colored

Single

Widow

Divorced

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Fannie Brown

Cause of

Primary

Death

Immediate

Purpura Eclampsia
Symptoms

How long sick

48 hours

Accident, Suicide, Homicide

Reported by

Address

A. C. Lamon M.D.

Middletown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

— 3



Name
in
Full

Elizabeth Buckheimer

CERTIFICATE OF DEATH

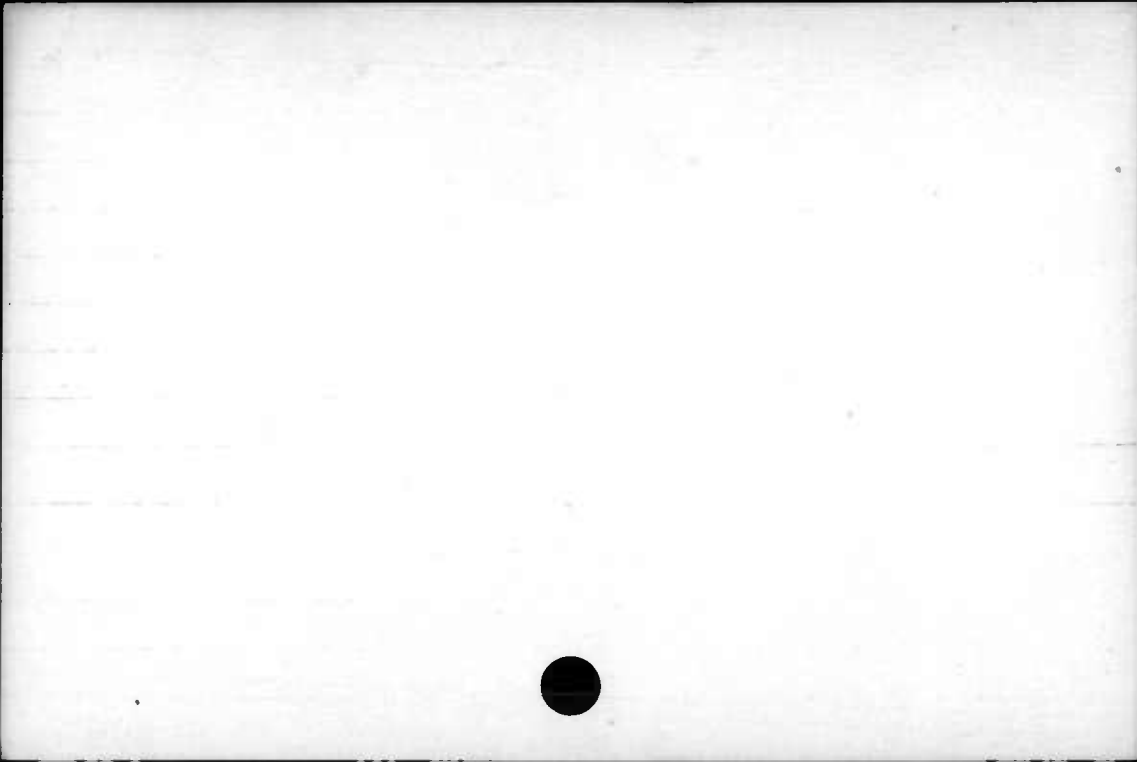
TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Liner Kiln P.O.</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>7</i>	Day <i>8</i>	Age <i>86</i>	Years	Months <i>8</i>	Days <i>10</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Married, Single or Widowed <i>Widow</i>			Occupation <i>—</i>				
Name of Wife Husband <i>Conrad Buckheimer</i>							
Father's Name <i>Daniel Brengle</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Catharine Brengle</i>				Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Kitty Buckheimer</i>				How related to deceased <i>sister</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>6 hr</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm Crawford Johnson</i>
	Address <i>Frederick Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

William Johnson Butler

CERTIFICATE OF DEATH

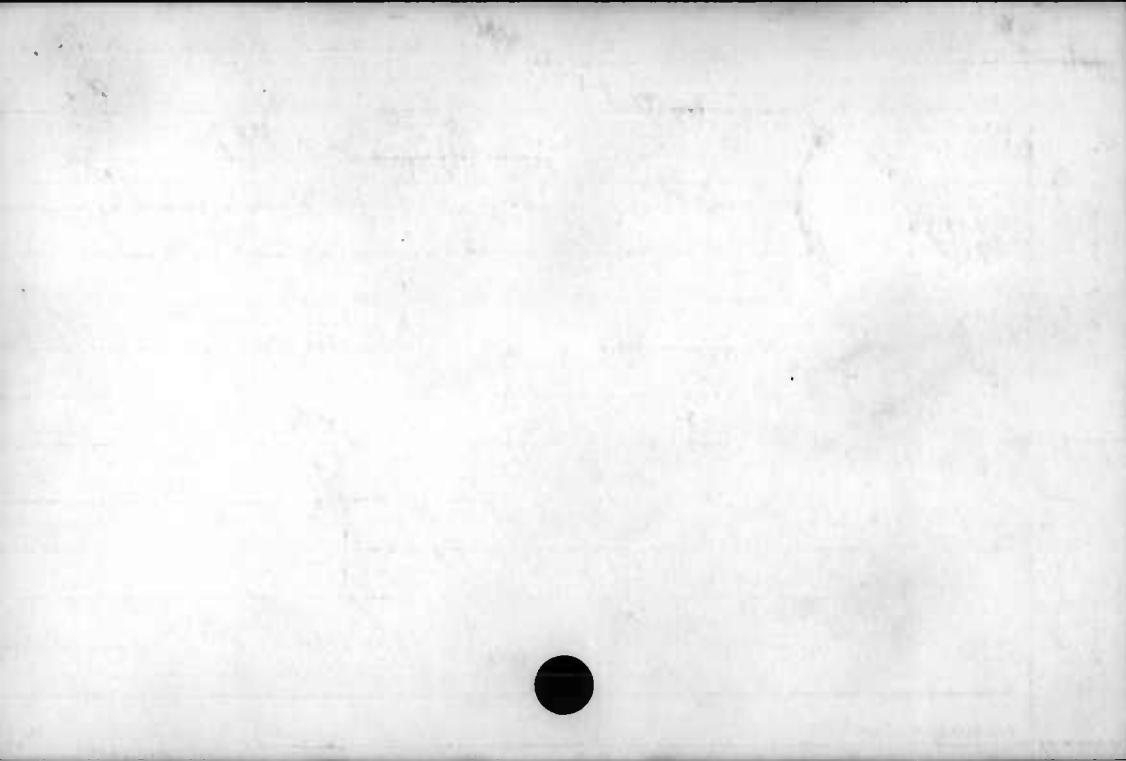
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Baltimore		County Frederick		MARYLAND	
Date of death 1903	Month July	Day 18	Age 27	Years	Months	Days	
Sex Male	Color or Race white		Birth- place Ind.				
Married, Single or Widowed Single		Occupation Laborer					
Name of Wife or Husband							
Father's Name Charles E. Butler				Father's Birthplace Ind.			
Mother's Maiden Name Ida M. Conner				Mother's Birthplace Ind.			
Name of person giving information Chas E. Butler				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Drowned	How long	—
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Leon West
		Address	13 Monument- Frederick Co.
Accident or Suicide?			



Name in Full		Thas. A. Crawford				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Monteoro		Sept	Monteoro			
		Date of death 1903	Month	Day	Age	Years	Months	Days
		3	May	29	76 (?)			
		Sex	Male	Color or Race	White	Birth-place	Monteoro	
		Married, Single or Widowed		Occupation				
				Farmer				
		Name of wife or Husband of Julia Davis						
		Father's Name				Father's Birthplace		
		Mother's Maiden Name				Mother's Birthplace		
		Name of person giving information				How related to deceased		
		H. S. Vanfossen Clerk.				+		
						+		

CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary	Paralysis	How long
	Immediate	Stroke	How long
	Are the name, age, sex, color, date and place correctly given above?		
	Signature of Physician		
		Address	
		Monteoro Sept	
		M. A.	
Accident or Suicide?			



Name
in
Full

Naomi Dorsey

23,
County

CERTIFICATE OF DEATH

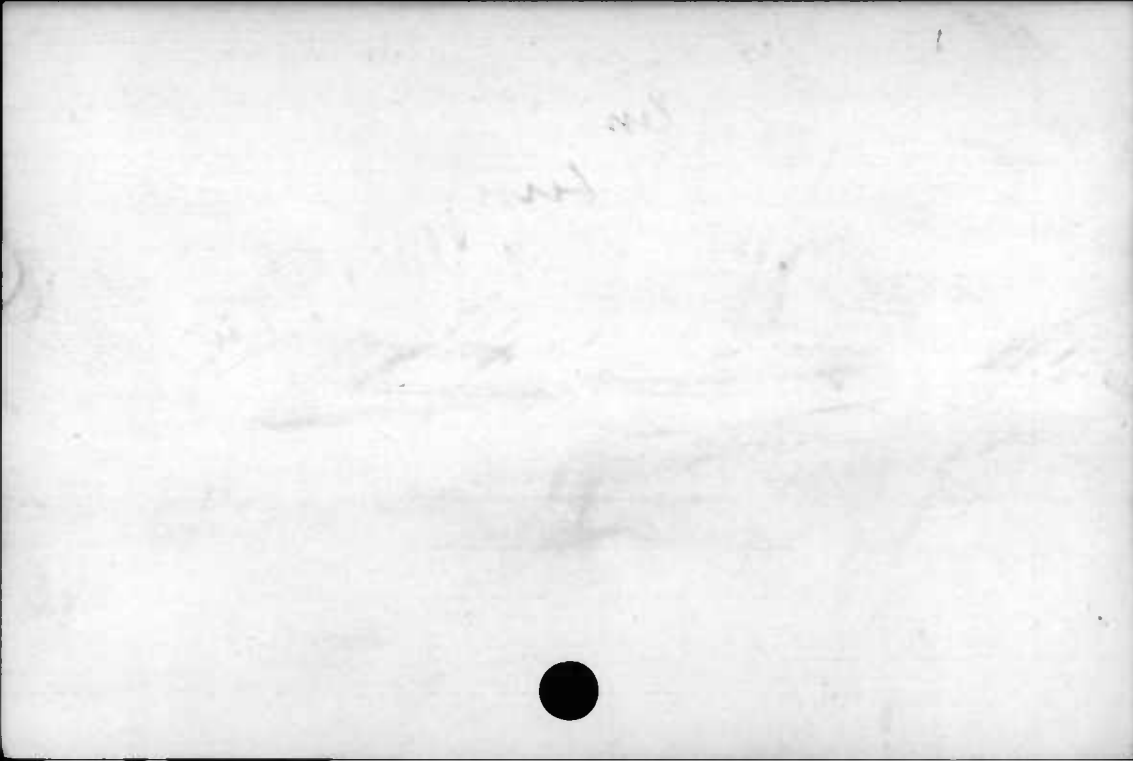
TO BE ANSWERED BY
NEAREST FRIEND

Died at		New London		Frederick		MARYLAND	
Date of death 1903		Month 7	Day 11	Age 2	Years 2	Months 11	Days 1
Sex Female		Color or Race negro		Birth-place New London			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name Albert Dorsey				Father's Birthplace Fredk. Co. Md			
Mother's Maiden Name Ruth Johnson				Mother's Birthplace " "			
Name of person giving information Albert Dorsey				How related to deceased Father			

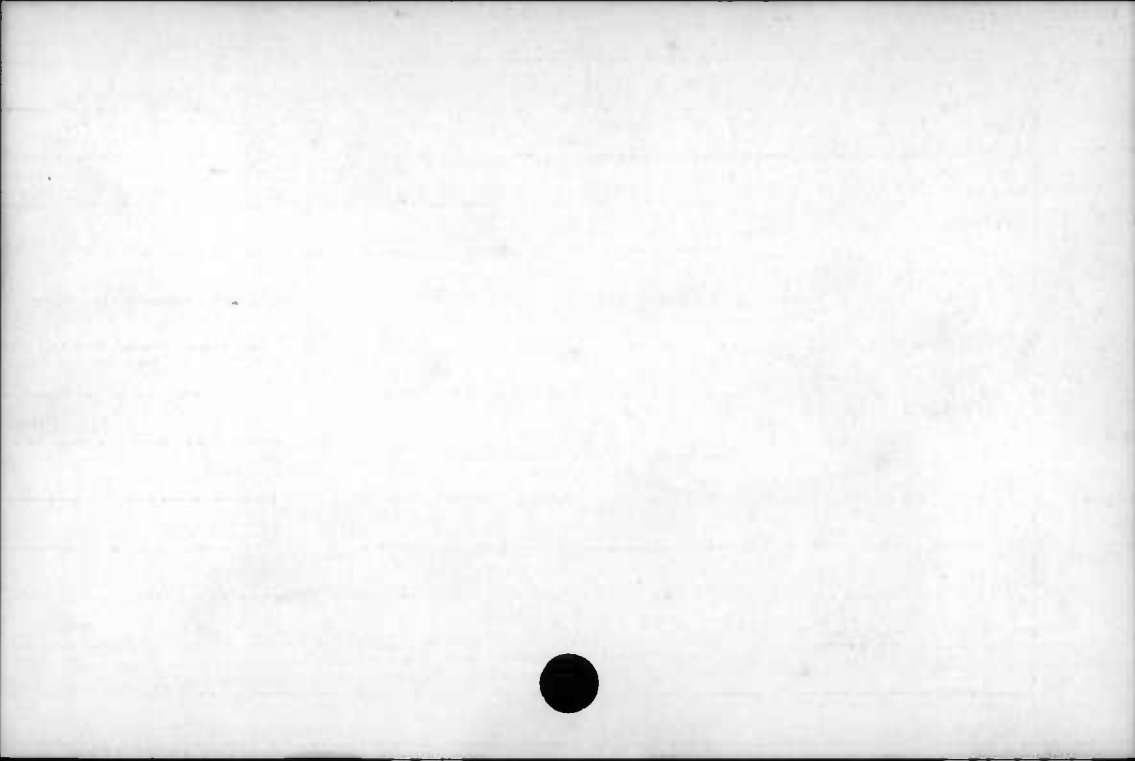
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculous Meningitis	How long	2 weeks
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Howard H. Hopkins Jr.
yes		Address	New Market
Accident or Suicide?			Maryland
no			



Name in Full Harry Foster		Town Brunswick		County Fredrick		CERTIFICATE OF DEATH	
Died at		MARRIED, SINGLE OR WIDOWED		OCCUPATION		MARYLAND	
Date of death 1903		Month July		Day 24		Age 18	
Sex Male		Color or Race White		Birth-place Med			
Name of Wife or Husband		Father's Name Chas K. Foster		Father's Birthplace MA			
Mother's Maiden Name Anna Elizabeth Mencha		Mother's Birthplace D.C.		How related to deceased Father			
Name of person giving information Chas K. Foster							
CAUSES OF DEATH							
Primary Intestinal catarrh		How long 2 mos					
Immediate Insanitation		How long 105					
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Samuel		Address Brunswick Fredk Co			
Accident or Suicide?							



Name in Full

Certificate of Death

Kate Gilbert

Town

County

MARYLAND

Died at

Fredensburgh

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

July 2nd

Age

39

Md House wife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

5

Husband of

William L. Gilbert

Wife

Ephie Eaves

Name

Maiden Name

Cause of

Primary

Carcinoma of Stomach

How long sick

8 months

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Frank Hedger M.D.

Address

Fredensburgh Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000



Name in Full

Certificate of Death

Catherine Gonder

Town

County

Died at Creagerstown

Frederick

MARYLAND

Date 1903

Month Day

July 22

Y. M. D.

Age 85-6-18

Native of

Md.

Occupation

✓

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Immediate

John X. Gonder (Died.)

Daniel Heffner

Dropsy caused by Valvular Heart trouble

General Debility

How long sick

About 1 Year

Accident, Suicide, Homicide

Reported by

Address

B A Stultz MD
Woodchase Md

79

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Mrs Maria Grams.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Burkittsville		County		Frederick		MARYLAND	
Date of death 1903	Month	Day	Age	Years	Months	Days			
3	July	27	78		9	23			
Sex	Female		Color or Race	White		Birth-place	Maryland.		
Married, Single or Widowed	Widowed		Occupation		Stonemason.				
Name of Husband	John Grams.								
Father's Name	Peter Eccard					Father's Birthplace	Md.		
Mother's Maiden Name	Not able to say.					Mother's Birthplace	Do not know.		
Name of person giving information	John Grams					How related to deceased	Step son.		

CAUSES OF DEATH

lat

PHYSICIAN
OR CORONER

Primary	Gastro-intestinal inflammation		How long	About 3 1/2 days.	
Immediate	followed by involvement of Brain involvement of entire right side.		How long		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		C. H. Schiltz	
Yes.		Address		Burkittsville.	
as at the muscles of degeneration. Head failure				Md.	
Accident or Suicide?		Gradually coming on.			



Name in Full <i>Luey M Gray</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Frederick</i> Town	County <i>Fredk</i>	
	Date of death 190 <i>3</i> Month <i>July</i> Day <i>25</i>		Age <i>—</i> Years Months <i>8</i> Days <i>—</i>
	Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Frederick</i>
	Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>
	Name of Wife or Husband <i>—</i>		
	Father's Name <i>Wm Gray</i>		Father's Birthplace <i>Frederick</i>
	Mother's Maiden Name <i>Luey M. Gray</i>		Mother's Birthplace <i>Frederick</i>
	Name of person giving information <i>Father</i>		How related to deceased <i>Father</i>
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <i>Pulmonary Phthisis 27</i>		How long <i>Since birth</i>
	Immediate <i>& Hemorrhage from lungs</i>		How long <i>Few minutes</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>L. A. Brown</i>
			Address <i>12 E 2nd St.</i>
	Accident or Suicide?		



Name
In
Full

Harrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Freak</i> ^{Town}		<i>Freak</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	<i>7</i> ^{Month}	<i>7</i> ^{Day}	Age <i>still born</i> ^{Years}	<i>still born</i> ^{Months}	<i>still born</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Mid</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Physician</i>		
Name of Wife or Husband <i>Luther Harrison</i>					
Father's Name <i>Luther Harrison</i>			Father's Birthplace <i>Mid</i>		
Mother's Maiden Name <i>Mary Motherly</i>			Mother's Birthplace <i>Mid</i>		
Name of person giving information <i>Physician</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still born owing to hemorrhage mother having Placenta</i>	How long <i>—</i>
Immediate <i>Placenta</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. J. H. Harrison</i>
	Address <i>Friedrich</i>
Accident or Suicide?	<i>Mid</i>



Name
in
Full

Henry Robert Lee Harne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Jefferson</i>		County <i>Indeuch</i>		MARYLAND	
Date of death 1903	Month <i>7</i>	Day <i>3</i>	Age <i>85</i> +	Months <i>+</i>	Days <i>+</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Co -</i>		
Married, Single or Widowed <i>Widower</i>			Occupation <i>T</i>		
Name of Wife or Husband <i>x</i>					
Father's Name <i>Ovstrom Harne -</i>			Father's Birthplace <i>-</i>		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Daughter Mrs Geo Stockman</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Indigestion Athermia -</i>	How long
Immediate <i>Asthenia</i>	How long <i>104</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes - *</i>	Signature of Physician <i>Franklin Buchanan Smith</i>
<i>x</i>	Address <i>Indeuch Mo</i>
Accident or Suicide? <i>Facts obtained after death - Men saw man die</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Yellow Springs* ^{Town} *Frederick* ^{County}Date of death 1903 ^{Month} *7-* ^{Day} *30* ^{Age} *in* ^{Years} *6* ^{Months} *6* ^{Days} *6*Sex *Male* Color or Race *White* Birth-place *Frederick Co*Married, Single or Widowed *---* Occupation *---*Name of Wife or Husband *---*Father's Name *W. E. Smith* Father's Birthplace *Frederick Co*Mother's Maiden Name *Nora. Hedges* Mother's Birthplace *Ohio*Name of person giving information *Chas. J. Smith* How related to deceased *Grandfather*

CAUSES OF DEATH

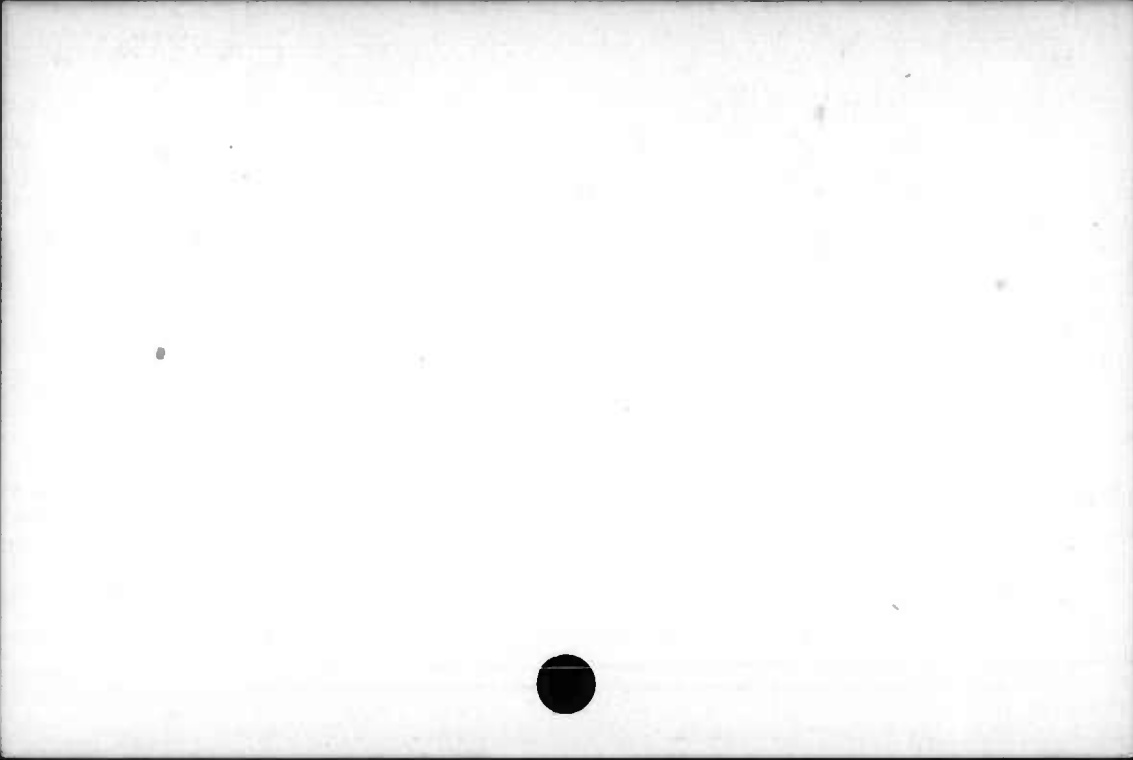
Primary *Cholera Infantum* How long *3 days.*
Immediate *Convulsions.* *105* How long *6 hours*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *W. B. Stahrney M.D.*
Address *Frederick, Md.*

Accident or Suicide?



Name in Full		Clara E. Hill				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death 1903		Month	Day	Age	Years	
		Sex		Color or Race	Birth-place		Months	Days
		Married, Single or Widowed		Occupation				
		Name of Wife or Husband						
		Father's Name		Father's Birthplace				
		Mother's Maiden Name		Mother's Birthplace				
Name of person giving information		How related to deceased						
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary		How long				
		Immediate		How long				
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
				Address				
		Accident or Suicide?						

LIBRARY BUREAU A68516



Name
in
Full

CERTIFICATE OF DEATH

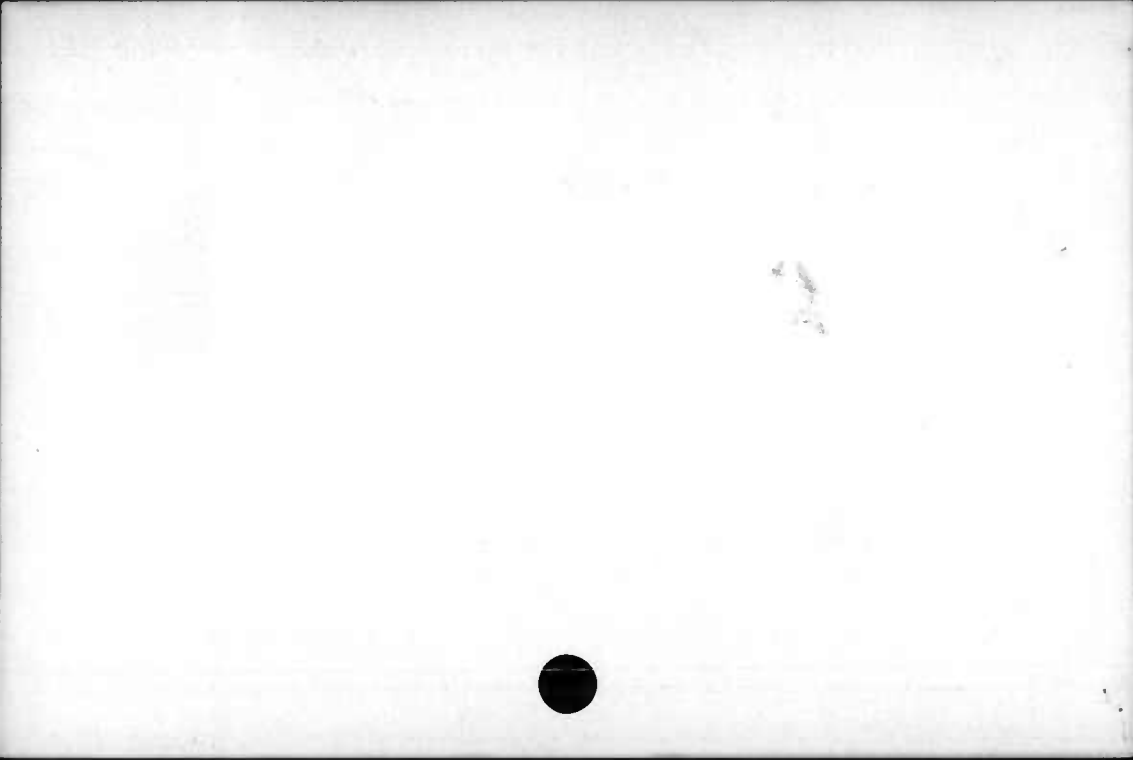
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>7</i>	Day <i>2</i>	Age	Years	Months <i>13</i> Days
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Frederick</i>			
Married, Single or Widowed <i>Single</i>			Occupation <i>None</i>		
Name of Wife or Husband <i>John Hill</i>					
Father's Name <i>John Hill</i>			Father's Birthplace <i>Frederick's</i>		
Mother's Maiden Name <i>Addie Young</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Addie Young Hill</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature Birth</i>	How long	<i>151</i>
Immediate	<i>Cardiac Asthenia</i>	How long	<i>151</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. W. G. Brown</i>	
		Address <i>Frederick, Md.</i>	
Accident or Suicide?			



Name In Full

Certificate of Death

Robt Glaze Huffer
 Town County

Died at

MARYLAND

Date 1903

Frederick
 Month Day
 July 3

Age

11 Mos
 Y. M. D.

Native of

Ga.

Occupation

+

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living +

Husband

of X

Wife

Father's

Name

Harry G. Huffer.

Mother's

Maiden Name

Pearl Biser.

Cause of

Primary Cholera Infantum.

How long sick

6 hours

Death

Immediate Collapse.

~~Accident, Suicide, Homicide~~

Reported by

S. S. Maynard M.D.

Address

17 Second St W.

Frederick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Name
in
Full

CERTIFICATE OF DEATH

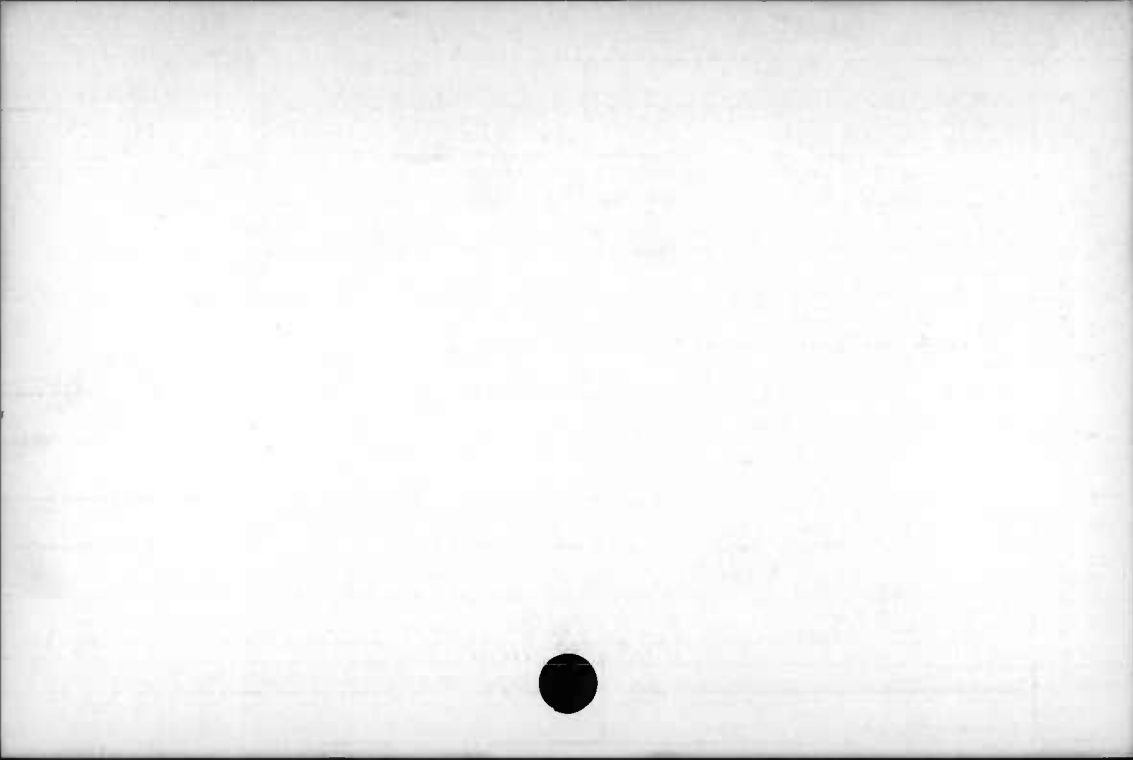
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brunswick</i>		Town		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>July</i>	Day <i>22</i>	Age	Years	Months	Days <i>14</i>	
Sex <i>Male</i>	Color or Race <i>colored</i>		Birth-place <i>md</i>				
Married, Single or Widowed <i>Single</i>		Occupation <i>none</i>					
Name of Wife or Husband							
Father's Name <i>James Jackson</i>				Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Rosa Spriggs</i>				Mother's Birthplace <i>md</i>			
Name of person giving information <i>Rosa Spriggs</i>				How related to deceased <i>mother</i>			

CAUSES OF DEATH

Primary	<i>Premature birth</i>	How long	
Immediate	<i>Diarrhea</i>	How long	<i>105</i> <i>14 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. G. Horine</i>	
<i>No physician in attendance</i>		Address <i>Health Officer Brunswick</i>	
Accident or Suicide? <i>Attendant</i>			

PHYSICIAN
OR CORONER



Name In Full

Certificate of Death

Samuel Johnson

Town

County

Died at Unionville Fredk.

MARYLAND

Date 1893 7 24 Age 76 5 22 Native of Unionville, Laborer
 Male ~~White~~ Married ~~Widow~~ Divorced
 Female Colored ~~Single~~ ~~Widower~~ Number of children living 4

Husband of

Wife Charity Johnson

Father's Name Benjamin Johnson Mother's Name Annelia Johnson

Cause of Primary Proctolitis How long sick 9 days.

Death Immediate Heart failure 125 Accident, Suicide, Homicide

Reported by Ira H. Beall, M.D.

Address Libertytown, Md.

Must be signed by physician, if any in attendance, otherwise, by coroner, undertaker or minister.

LIBRARY BUREAU, 79896

5



Name
in
Full

Georgia Augusta / Kennedy


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town FREDRICK		County KENNEDY		MARYLAND	
Date of death 190	3	Month July	Day 10	Age —	Years —	Months —	Days 9
Sex	Female		Color or Race	White		Birth- place	Fredrick
Married, Single or Widowed				X			
Name of Wife or Husband							
Father's Name				Geo. A.			
Mother's Maiden Name				William Poole 61			
Name of person giving information				Father			
				Father's Birthplace			
				Mother's Birthplace			
				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Arteritis		How long	7 days
Immediate	Apoplexy		How long	
Are the name, age, sex, color, date and place correctly given above?		yes		
		Signature of Physician		
		Address		
				
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

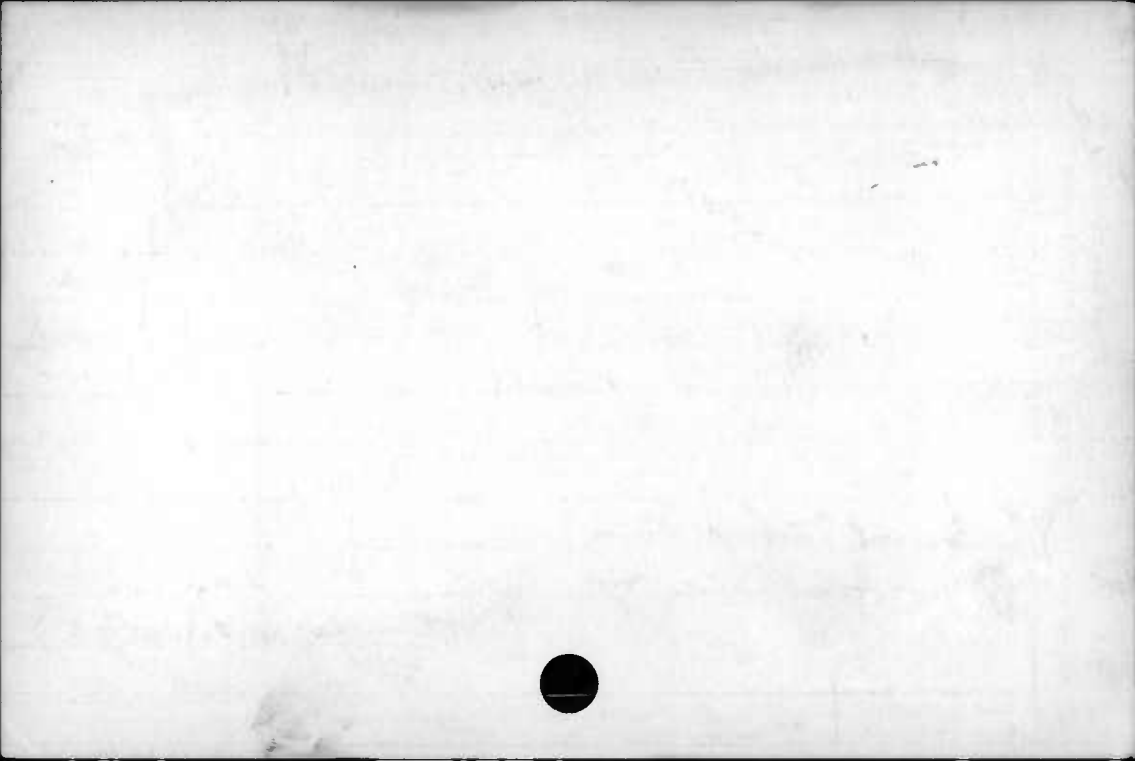
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brunswick</u> Town <u>Frederick</u> County		MARYLAND	
Date of death 190 <u>3</u> Month <u>July</u> Day <u>23</u> Age <u>—</u> Years Months <u>5</u> Days <u>3</u>			
Sex <u>Male</u> Color or Race <u>white</u> Birth-place <u>Ind</u>			
Married, Single or Widowed <u>—</u> Occupation <u>—</u>			
Name of Wife or Husband <u>—</u>			
Father's Name <u>Geo. M. Kephart</u> Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>Ellen M. Belt</u> 105 Mother's Birthplace <u>Ind</u>			
Name of person giving information <u>Ellen M. Kephart</u> How related to deceased <u>mother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Internal Catarrh of Anus</u> How long <u>1 mo</u>	
Immediate <u>Obstruction</u> How long <u>7 hrs</u>	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm. Frost</u>
	Address <u>Brunswick</u>
Accident or Suicide?	<u>Frost</u>



Name
in
Full

K. O. ANTZ

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Thurmont</i>		County <i>Fredricks</i>		MARYLAND	
Date of death 1903	Month <i>July</i>	Day <i>22</i>	Years <i>72</i>	Months <i>4</i>	Days <i>11</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Thurmont</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>				
Name of Wife or Husband <i>Mariah Ellen Koontz</i>			<i>34</i>		
Father's Name <i>Nathaniel Eyer</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Sophia Waser</i>			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Tuberculosis</i>	How long <i>10 years</i>
Immediate <i>Adynamia Venenosa</i>	How long <i>2 years</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Morris A. Birly M.D.</i>
	Address <i>Thurmont</i>
Accident or Suicide? <i>—</i>	<i>M.A.</i>



Name in Full		Edward Harvey Long				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Frederick</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND		
	Date of death 190 <i>3</i>	Month <i>7</i>	Day <i>21</i>	Age <i>—</i>	Years <i>—</i>	Months <i>11</i>	Days <i>1</i>
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>md</i>		
	Married, Single or Widowed <i>X</i>			Occupation <i>X</i>			
	Name of Wife or Husband <i>X</i>						
	Father's Name <i>Patrick E. Long</i>				Father's Birthplace <i>Va</i>		
	Mother's Maiden Name <i>Margaret R. Harvey</i>				Mother's Birthplace <i>D. C.</i>		
Name of person giving information <i>P. E. Long</i>				How related to deceased <i>father</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Enterocolitis</i>			<i>105</i>		How long <i>1 week</i>	
	Immediate <i>Broncho-Pneumonia</i>					How long <i>1 day</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>			Signature of Physician <i>C. F. Goodlee md</i>		Address <i>Frederick, md</i>	
	Accident or Suicide? <i>X</i>						



Name
in
Full

Martin Mc Bride

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Knoxville		^{County} Frederick		MARYLAND	
Date of death 1903	Month July	Day 1	Age 64	Months	Days
Sex Male	Color or Race White		Birth-place Ind.		
Married, Single or Widowed Married		Occupation Farmer			
Name of Wife or Husband Elizabeth Asherman					
Father's Name Wm Mc Bride			Father's Birthplace Ind.		
Mother's Maiden Name Elizabeth Ford			Mother's Birthplace Ind.		
Name of person giving information Elizabeth Mc Bride			How related to deceased Wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Sclerotic condition of heart		How long	year or more
Immediate			How long	suddenly
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	L. W. Bush	
		Address	Baltimore Ind.	
Accident or Suicide?				

5



Name
in
Full

River named — MAY

CERTIFICATE OF DEATH

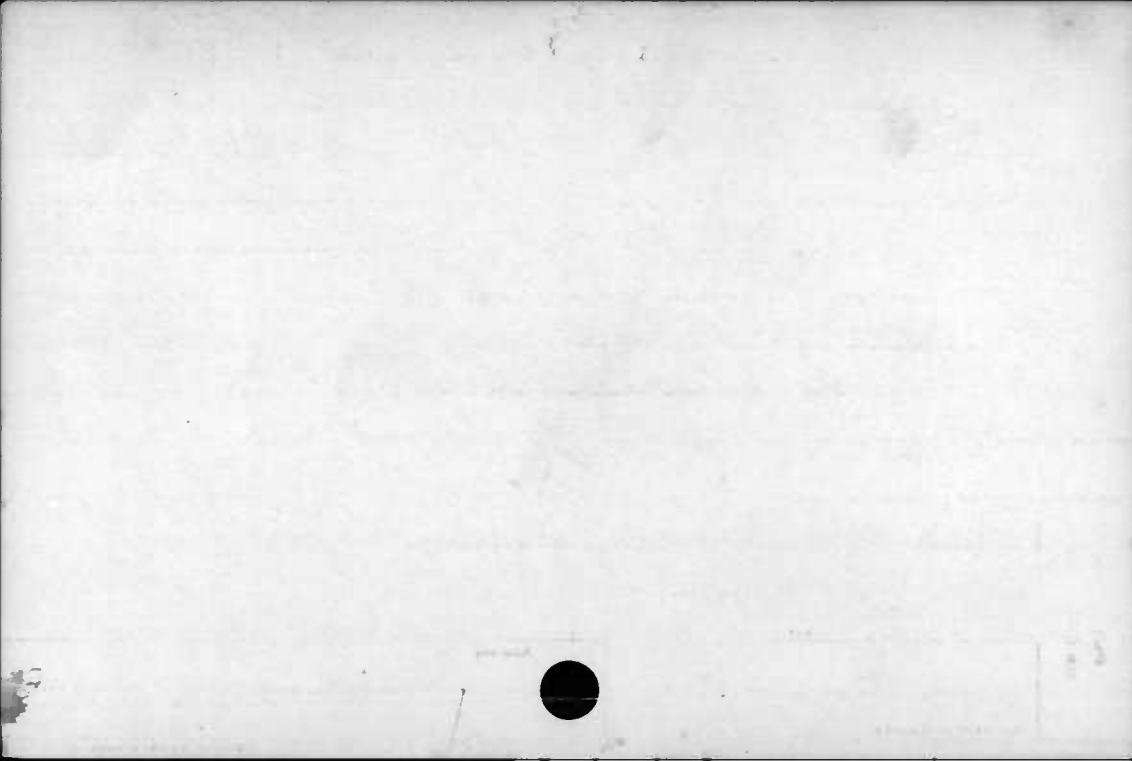
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town araby		County Frederick		MARYLAND	
Date of death 1903	Month July	Day 31	Age	Years	Months	Days	11
Sex Female	Color or Race white		Birth- place araby				
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name John B. May				Father's Birthplace Fredk. Co.			
Mother's Maiden Name Ida R. May O'Brien				Mother's Birthplace " "			
Name of person giving in information John B. May				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Neglect	How long	105
Immediate	Marasmus due to indigestion	How long	11 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		B. H. Stoke M.D.	
		Address Frederick	
		Md.	
Accident or Suicide?			



Name in Full

Certificate of Death

Adelaide Homestead Miller

Town

County

Died at

Indenico

Indenico

MARYLAND

Date 1923

Month

Day

Y.

M.

D.

Native of

Occupation

July 4th

Age

1

8

4

Book Co

+

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

William J. Miller

Mother's

Maiden Name

Gertrude May Swords.

Cause of

Primary

Acute Indigestion

How long sick

4 days

Death

Immediate

Convulsions - spasm - 10

Accident, Suicide, Homicide

Reported by

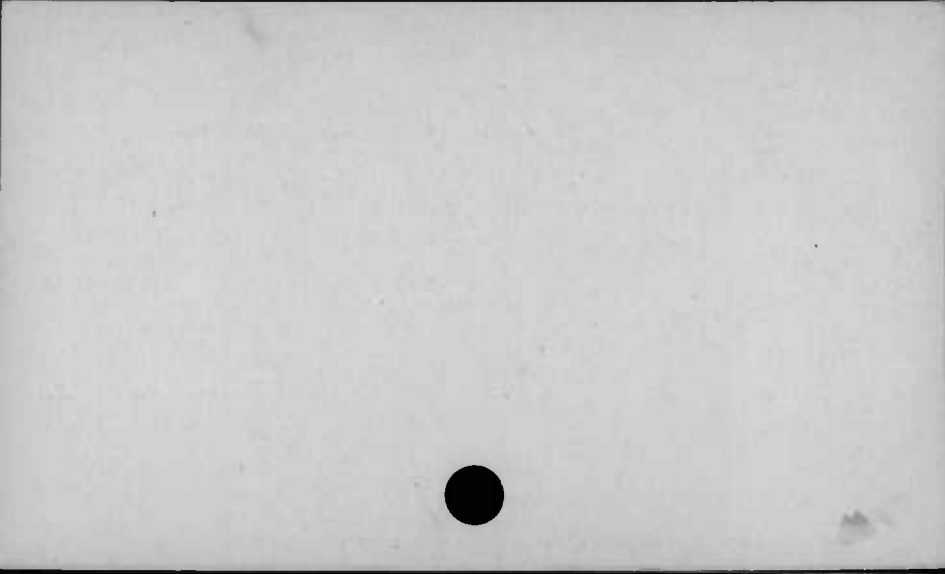
S. S. Maynard M.D.

Address

17 Second St - W.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name
in
Full

Charles A Morgan MORGAN

CERTIFICATE OF DEATH

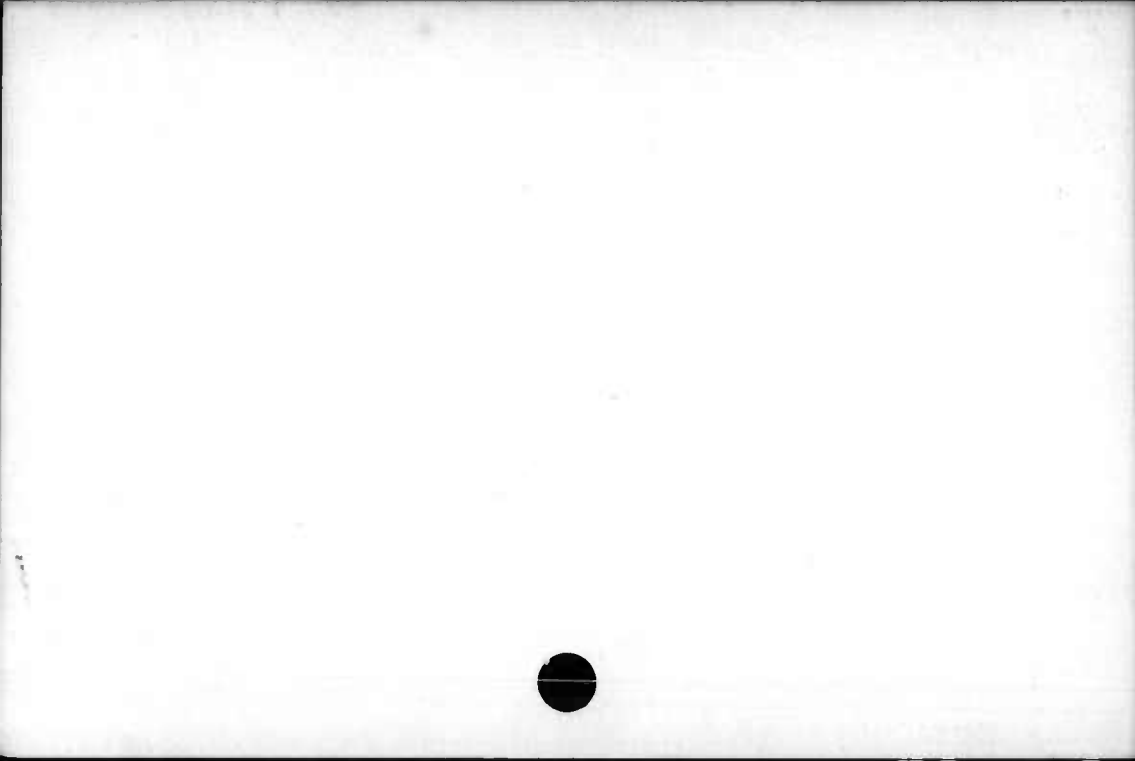
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> Town		<i>Frederick</i> County		MARYLAND		
Date of death 1903	Month <i>July</i>	Day <i>16</i>	Age	Years <i>6</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Frederick</i>			
Married, Single or Widowed			Occupation			
Name of Wife or Husband						
Father's Name <i>Charles Morgan</i>			Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving information			How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>105</i>	How long
Immediate	<i>Cholera infantum</i>	How long <i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. M. Goodman, MD.</i>
		Address <i>Frederick Castle Blug</i>
Accident or Suicide?		



Name
in
Full

Elizabeth Pearl

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Franklinville		County Fredericks		MARYLAND	
Date of death 190	3	Month July	Day 27	Age	71	Years	Months 3
Sex		Color or Race		Birth- place		Days 19	
Married, Single or Widowed				Occupation			
Name of Wife or Husband				John T. Pearl			
Father's Name				Henry Horfulhorny		Father's Birthplace	
Mother's Maiden Name				Mary delena Whitmore		Mother's Birthplace	
Name of person giving in formation				Daughters of David		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cardiac Renal Disease	How long	2 yrs
Immediate	Heart failure 79	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Morris A. Bickel, M.D.	
		Address	
		Thurmont.	
Accident or Suicide?		Old	

15
14

13



Name
in
Full

Mrs Julia Schultz Perceval

CERTIFICATE OF DEATH

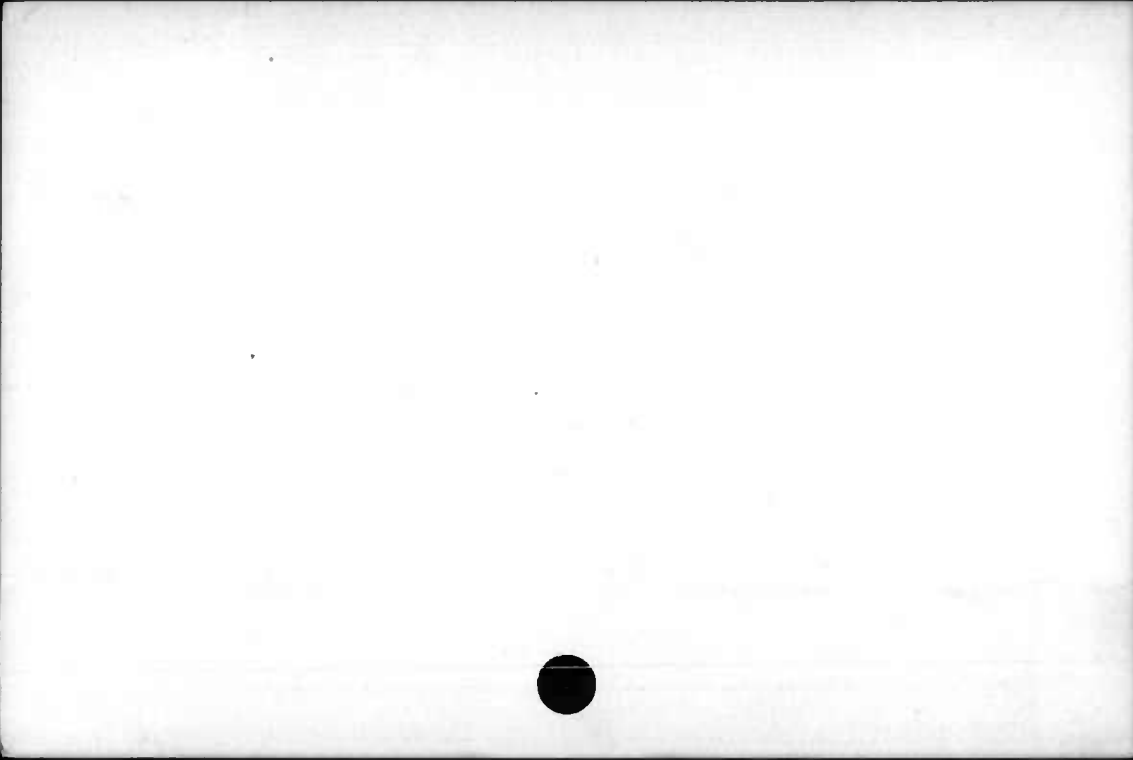
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Indereet		County Indereet		MARYLAND	
Date of death 1903	Month 7	Day 28	Age 81	Years	Months 7	Days X	
Sex Female	Color or Race White		Birth- place Indereet Co				
Married, Single or Widowed Widow			Occupation H. wife				
Name of Wife or Husband Dr Charles Perceval							
Father's Name Henry Schultz				Father's Birthplace Co -			
Mother's Maiden Name Aurelia Davis				Mother's Birthplace York, Pa			
Name of person giving In formation Mrs. Bruener (niece)				How related to deceased X			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Carcinoma of Liver - (??)	How long	one year
Immediate	Exhaustion	How long	2 wks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Mrs. L. B. Buchanan
Yes		Address	City
X			
Accident or Suicide?		X	



Name
in
Full

Barbara A Perry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town			County			MARYLAND			
Died at		Date of death 1903		Month 7	Day 17	Age 74	Years 10	Days 11	
Sex Female	Color or Race White		Birth-place Md						
Married, Single or Widowed Married			Occupation House Wife						
Name of Wife or Husband James P. Perry									
Father's Name James McGuigan			Father's Birthplace Md						
Mother's Maiden Name Sarah Hooty			Mother's Birthplace Md						
Name of person giving information James P. Perry			How related to deceased Husband						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Debility due to age	How long	two years
Immediate	Exhaustion	How long	two weeks
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician W. Campbell Brown	
1st		Address Frederick	
Accident or Suicide? —		over Md	

Interment July 18 03

" . at Mt Olivet

A. T. Rice & Sons

Name
in
Full

- PORTER

CERTIFICATE OF DEATH

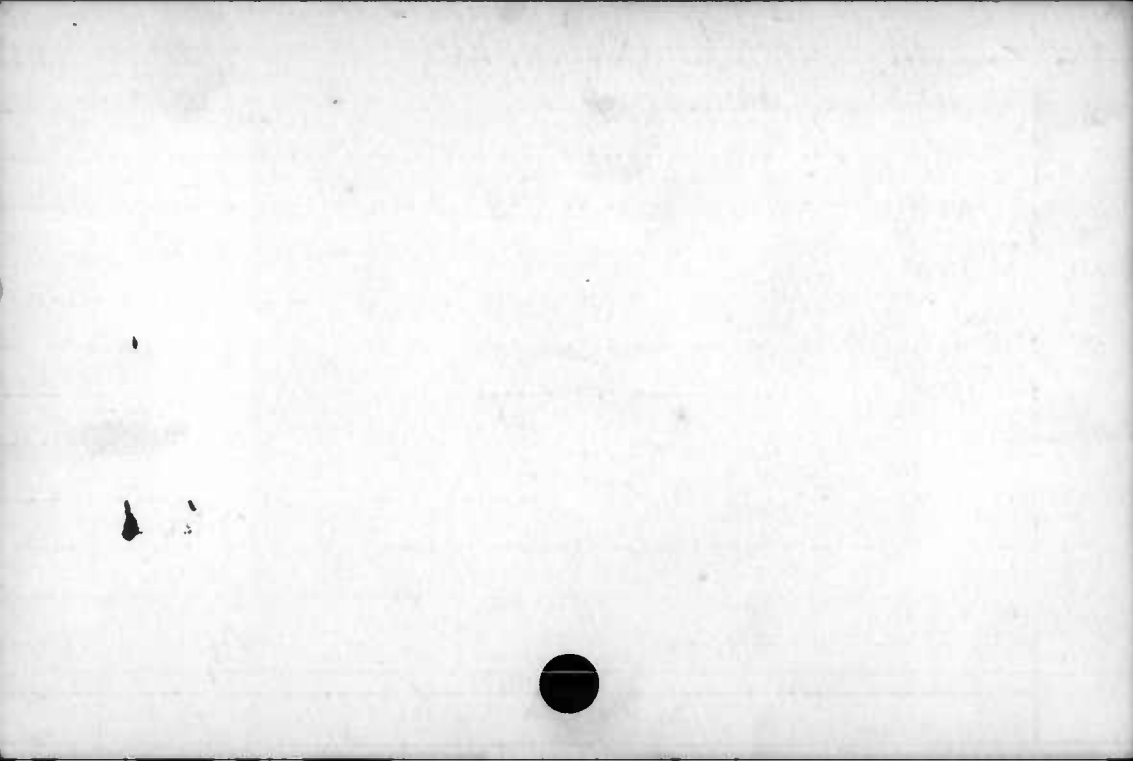
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>13 Brunswick</i>		Town <i>Brunswick</i>		County <i>Frederick</i>		MARYLAND	
Date of death 1903	Month <i>July</i>	Day <i>11</i>	Years	Months <i>1</i>	Days <i>4</i>		
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>13 Brunswick</i>				
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name <i>Ernest A. Porter</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Daisy M. Caldwell</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Daisy M. Porter</i>				How related to deceased <i>mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Ind. Intubation</i>	How long <i>1 Mo</i>
Immediate <i>Aspiration</i>	How long <i>105</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dean Wear</i>
	Address
Accident or Suicide?	



Name

in
Full

Infant of Wm. Rollins

ROLLINS

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Frederick</i>		County <i>Frederick</i>		State MARYLAND	
Date of death 190	3	Month <i>July</i>	Day <i>27</i>	Age	Years	Months	Days <i>6</i>
Sex			Color or Race <i>Black</i>	Birth- place <i>Frederick</i>			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>Wm. Rollins</i>				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information				How related to deceased <i>gr</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Broncho-pneumonia</i>	How long	<i>Three days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>B. H. Hoke, M.D.</i>	
<i>yes</i>		Address <i>Frederick</i>	
Accident or Suicide?		<i>md.</i>	

Interment July 28

1 Greenmount

A T B + S

Name in Full

Certificate of Death

Died at *Henry S School*
 Town *Frederick* County *Frederick* MARYLAND

Date *1903* Month *7* Day *11* Y. *54* M. *54* D. *54* Native of *Frederick* Occupation *Teacher*
 Male *Male* White *White* Married *Married* Widow *Widow* Divorced *Divorced*
~~Female~~ ~~Colored~~ Single *Single* Widower *Widower* Number of children living *0*

Husband
 of
 Wife

Father's Name *Phillip School* Mother's Name *Ann Catharine Anacker*

Cause of Death { Primary *Obtention 108* How long sick *4 days*
 Immediate *Heart failure from exhaustion* ~~Accident, Suicide, Homicide~~

Reported by *Dr Wm Johnson*
 Address *Frederick Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
Full

Alvey Martin Schroyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town Pleasant Walk		County Frederick				
Date of death 190	3	Month July	Day 26	Years 0	Months 6	Days 12		
Sex	male		Color or Race	white		Birth-place	Pleasant Walk	
Married, Single or Widowed	Infant			Occupation	Infant			
Name of Wife or Husband								
Father's Name	L. Calvin Schroyer				Father's Birthplace	Pleasant Walk		
Mother's Maiden Name	Etta E. Palmer				Mother's Birthplace	Wolfsville		
Name of person giving Information	Davis Schroyer				How related to deceased	Uncle		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	105
Immediate	Cholera Infantum	How long	About 2 1/2 wks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	A. J. Smith
		Address	Wolfsville, Md.
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Frederick</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death 190	Month <i>July</i>	Day <i>4</i>	Age <i>74</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place				
Married, Single or Widowed <i>Widowed</i>		Occupation <i>Farmer</i>					
Name of Wife or Husband							
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's disease</i>	How long <i>Indefinite</i>
Immediate <i>Uremia</i>	How long <i>Few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>M. Goodman M.D.</i>
	Address <i>Frederick, Md. Castle Bldg</i>
Accident or Suicide?	



George Randolph Shepherd

Died at

Frederick.

Frederick.

MARYLAND

Date 19*03*Month *7* Day *26*Age *20-1-2*

Native of

city.

Occupation

Tramman

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

E. C. Shepherd

Mother's

Maiden Name

Amelia A. Shock

Cause of

Primary

?

How long sick

10 days

Death

Immediate

Paralysis of throat?~~Accident Suicide Homicide~~

Reported by

S. S. Maynard M.D.

Address

17 Second St W.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Interment July 28
" at Mt Olivet
A F R V L.

Name in Full

Certificate of Death

John. Jacob. Smith
 Town Myer'sville County Fendrich.
 Died at Myer'sville MARYLAND

Date 1903 July - 21 Age 78. 10 - 8 Native of Md. Occupation Farmer
 Male White Married Widowed Divorced
 Female Colored Single Widower Number of children living 3

Husband of Susan. Smith
 Wife John. Smith Mother's Name Catharine Rhodes
 Father's Name John. Smith Maiden Name

Cause of Death { Primary Valvular Disease of Heart How long sick 2 weeks
 Immediate Fracture of Hip. Accident, Suicide, Homicide

Reported by Ralph Brunning 79
 Address Myer'sville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Mary M Stradman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Indevch</u> ^{Town}		<u>do</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>9</u>	Day <u>7</u>	Age <u>90</u> Years	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>do</u>			
Married, Single or Widowed <u>Widow</u>		Occupation <u>House</u>			
Name of Wife or Husband <u>Geo. Schiel 1st Abs. Stradman 2nd Husband</u>					
Father's Name <u>Jack Phelus</u>				Father's Birthplace <u>do</u>	
Mother's Maiden Name <u>Unknown</u>				Mother's Birthplace <u>Unknown</u>	
Name of person giving information <u>Son (Geo Schiel)</u>				How related to deceased <u>Son</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Acute Rheumatism</u>	How long <u>47</u>
Immediate <u>Asthma</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Franklin Buchanan</u>
	Address <u>Indevch City</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Sarah Stine

CERTIFICATE OF DEATH

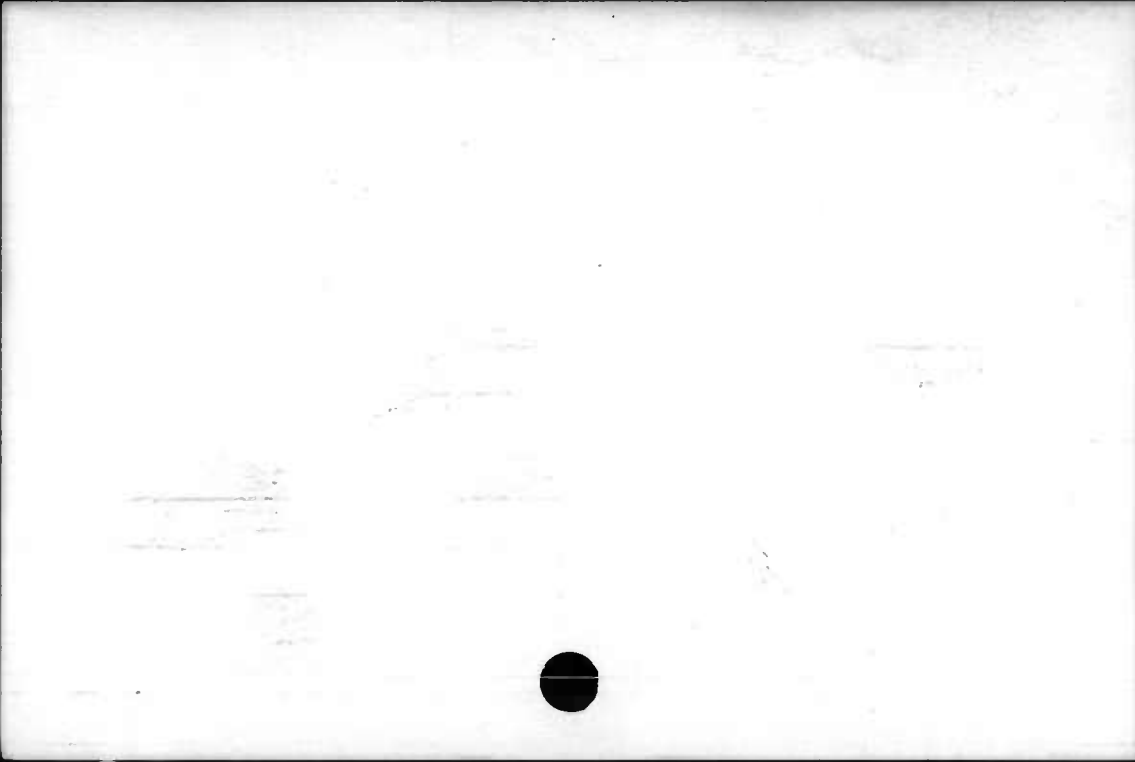
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Address	
Accident or Suicide?	



Name In Full

Certificate of Death

James Monroe Stout.

Died at Woodstock. Frederick

MARYLAND

Date 1893 July 3 Age 85 11-14 Native of Md Occupation Retired

Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 8

Husband of ~~74~~ Simeon Wineburnes
 Wife

Father's Name Don't know Mother's Name Don't know.

Cause of Primary 1st How long sick 4 days
 Death Immediate General Debility Accident, Suicide, Homicide

Reported by D. S. Shauette.

Address Woodstock Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____
of _____

Seen by Coroner _____
of _____

Information contained in this certificate re-
ceived from D. S. Shavelle.
of Northbrook
Mass

Frederick C. T. Wagner

Town

County

MARYLAND

Died at

Frederick's

Date 19

3

Month

Day

July 17th

Age

Y

M.

D.

1 3 14

Native of

Occupation

Ind. Infant

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Frederick Wagner

Mother's

Maiden Name

Laura Hoffman

Cause of

Primary

Cholera Infantum

How long sick

two weeks

Death

Immediate

Exhaustion~~Accident, Suicide, Homicide~~

Reported by

*Frank**Hedger M. L.*

Address

Frederick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Marrietta V. Waltemeyer

CERTIFICATE OF DEATH

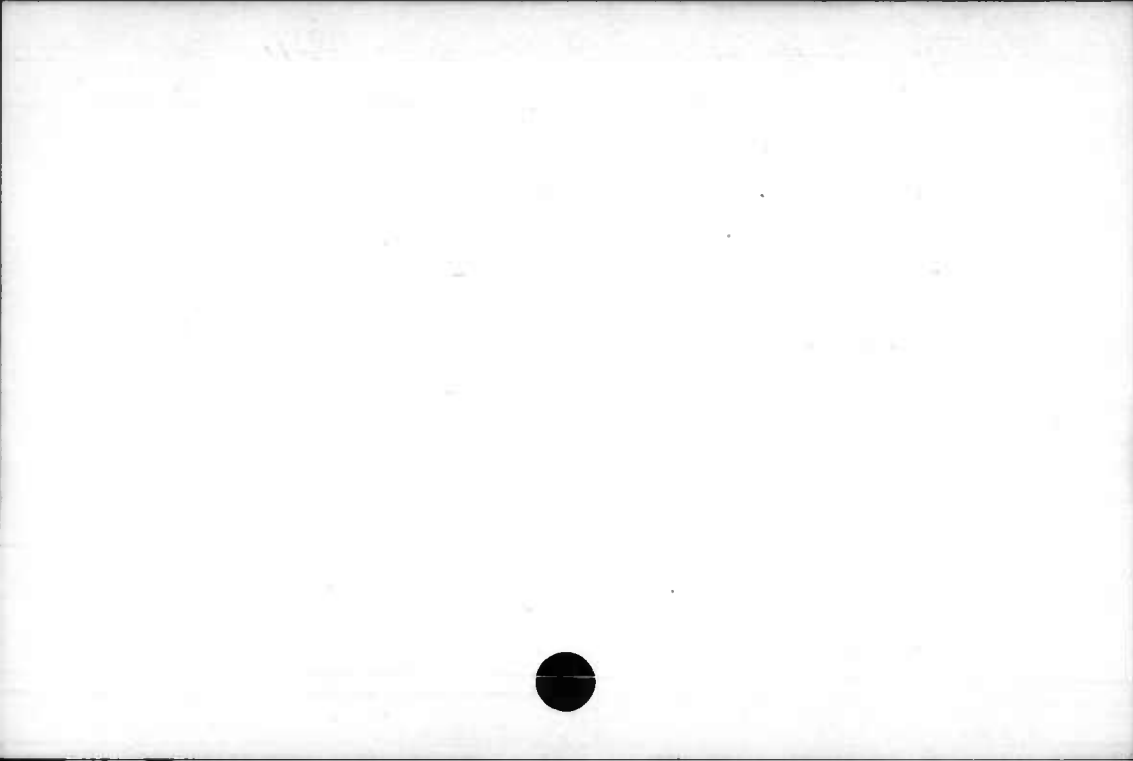
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Plane #14		Frederick		MARYLAND	
Date of death 1903		Month 7	Day 2	Age 45	Years	Months 2	Days 24
Sex Female		Color or Race white		Birth-place		Frederick Co. Md	
Married, Single or Widowed		Married		Occupation		Housewife	
Name of Wife or Husband		Adam F. Waltemeyer					
Father's Name		Henry Medding				Father's Birthplace	
Mother's Maiden Name		Does Not Know				Mother's Birthplace	
Name of person giving information		Sarah Waltemeyer				How related to deceased	
						Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Dysentery	How long	3 mos.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Howard N. Hopkins Jr. M.D.	
Address		New Market, Md.	
Accident or Suicide?		no	



Name
in
Full

Mrs Edna P. Williard.

CERTIFICATE OF DEATH

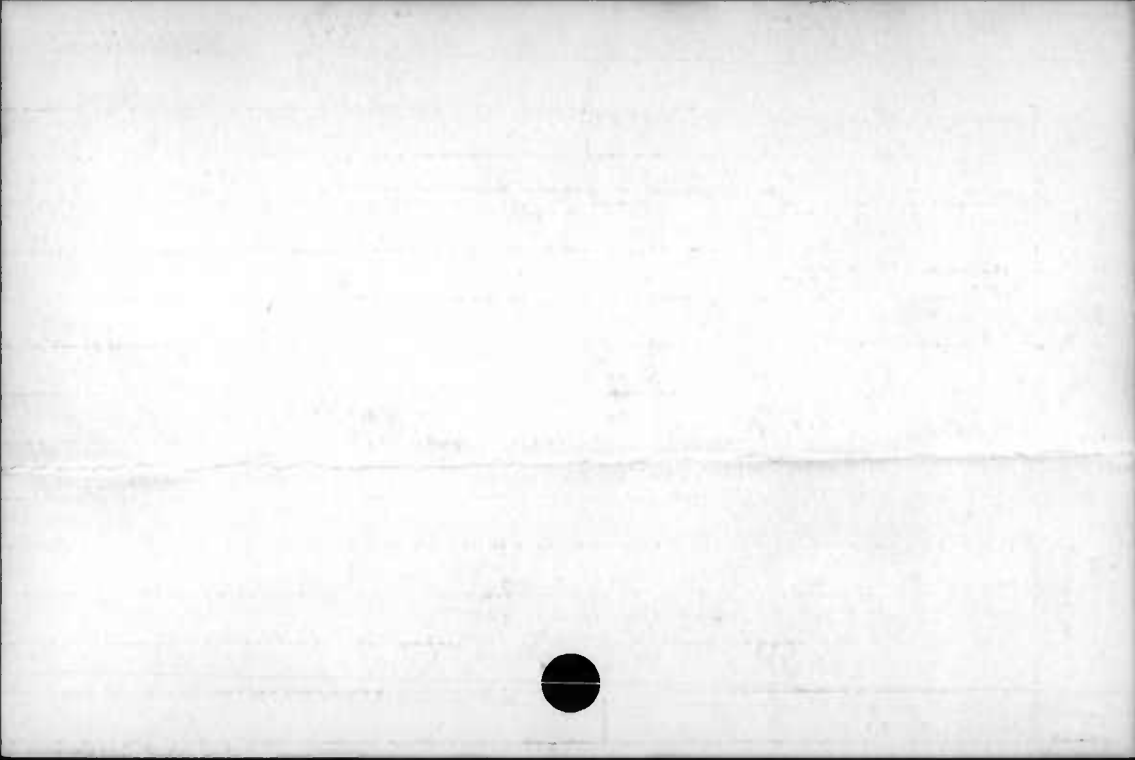
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Brunswick		Town		Frederick		County		MARYLAND	
Date of death 1903		July		Month		3		Day		Age 25	
Sex Female		Color or Race White		Birth-place Md		Months 1		Days 29			
Married, Single or Widowed Married		Occupation Housewife									
Name of Wife or Husband E. P. Williard		Father's Name H. C. Elgin		Father's Birthplace Md		Mother's Maiden Name Prudence Botter		Mother's Birthplace Md			
Name of person giving information E. P. Williard		How related to deceased Husband									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis of Lungs		How long 2 years	
Immediate Exhaustion		How long 3 days	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician H. S. Hedges M.D.	
		Address Brunswick Md	
Accident or Suicide?			



Name in Full

Certificate of Death

Name None WILLION
 Town Sabillasville County Fredricks MARYLAND
 Died at
 Date 1903 Month July Day 30 Age 3 Y. --- M. --- D. --- Native of Fredricks Co Md Occupation
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of
 Wife
 Father's Name H. A. Willior Mother's Maiden Name Margella McClaine

Cause of Death { Primary Immediate Intense Convulsions How long sick
D. L. Wachter Accident, Suicide, Homicide

Reported by
 Address Sabillasville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Elizabeth Wilson WILSON

CERTIFICATE OF DEATH

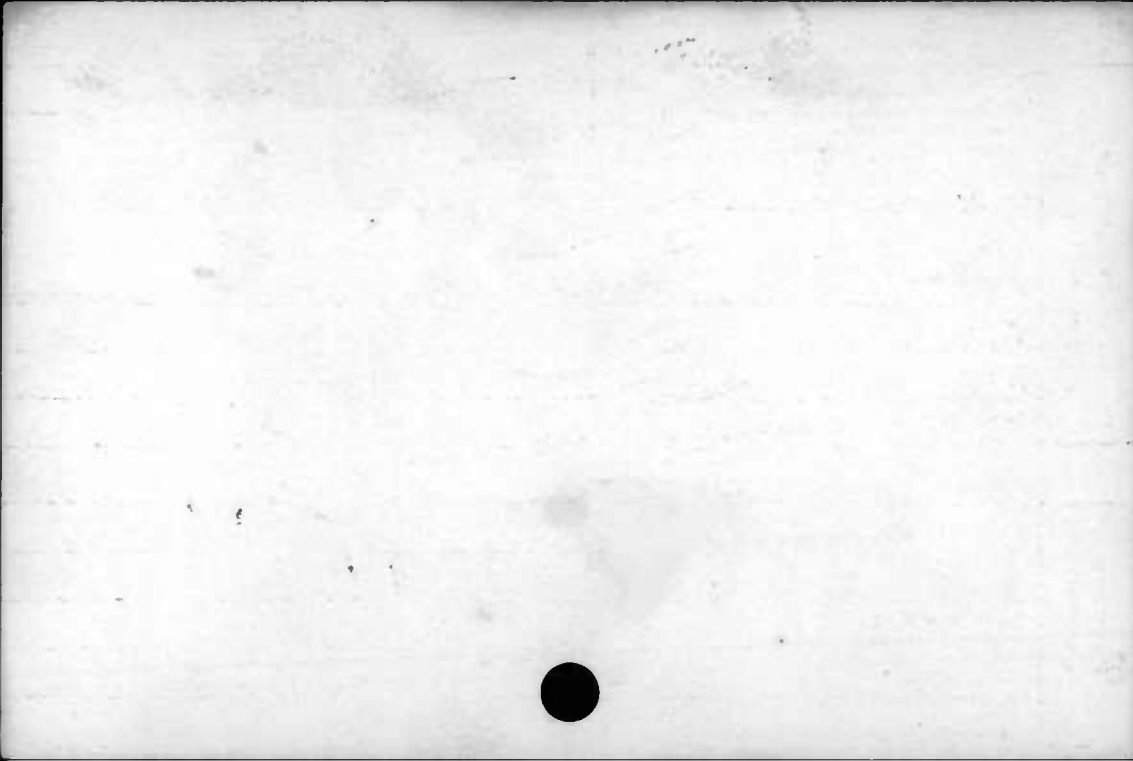
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brownsville</i> Town		<i>Indevid</i> County		MARYLAND	
Date of death 1903	Month <i>July</i>	Day <i>2</i>	Age <i>63</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>X</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Servant</i>				
Name of Wife or Husband <i>Edward Wilson</i>					
Father's Name <i>X</i>			Father's Birthplace <i>X</i>		
Mother's Maiden Name <i>X</i>			Mother's Birthplace <i>X</i>		
Name of person giving information <i>D. B. Johnson</i>			How related to deceased <i>Physician</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Myoma of Uterus</i>	How long <i>Several years</i>
Immediate <i>Pulmonary</i>	How long <i>one year</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. B. Johnson</i>
	Address <i>Indevid Md.</i>
Accident or Suicide?	



Name
in
Full

Louise Winkelman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death 1903	Month <i>July</i>	Day <i>6</i>	Age <i>7</i> <small>Years</small>	Months <i>6</i>	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Frederick</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Louis Winkelman</i>			Father's Birthplace <i>Frederick</i>		
Mother's Maiden Name <i>Ada Rowe</i>			Mother's Birthplace <i>Frederick</i>		
Name of person giving information <i>mother</i>			How related to deceased <i>mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Endocarditis</i> <i>79</i>	How long <i>June 11th</i>
Immediate <i>Valvular Insufficiency</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>La Bue</i>
	Address <i>17 E 2nd St.</i>
Accident or Suicide?	<i>Frederick</i>

